

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: NY
APPLICATION YEAR: 2010

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FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: NY

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 13,967,896 (34.03%)

B.Children with special health care needs:

\$ 12,479,126 (30.4%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 2,432,003 (5.93%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 363,695,631

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 299,499,317

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 176,715,455

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 58,268,752

\$ 839,910,403

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 880,954,172

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 150,000

b. SSDI: \$ 568,638

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 1,334,619

j. Education: \$ 23,831,850

k. Other: \$ 0

Medicaid Match \$ 9,503,861

Title X-Fam Planning \$ 10,512,876

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 45,901,844

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 926,856,016

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NY

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 44,048,128	\$ 40,665,186	\$ 43,450,702	\$ 43,450,702	\$ 41,621,706	\$ 41,629,217
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 7,500,000	\$ 3,043,124	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 378,564,700	\$ 365,856,081	\$ 388,295,930	\$ 387,035,471	\$ 351,809,825	\$ 347,801,378
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 242,527,827	\$ 261,412,884	\$ 266,309,718	\$ 283,491,639	\$ 242,471,037	\$ 245,642,140
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 274,010,452	\$ 299,360,489	\$ 299,431,541	\$ 286,125,086	\$ 268,918,266	\$ 182,431,876
7. Subtotal <i>(Line8, Form 2)</i>	\$ 946,651,107	\$ 970,337,764	\$ 997,487,891	\$ 1,000,102,898	\$ 904,820,834	\$ 817,504,611
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 50,506,443	\$ 41,885,193	\$ 44,307,745	\$ 40,019,155	\$ 42,076,539	\$ 39,471,805
9. Total <i>(Line11, Form 2)</i>	\$ 997,157,550	\$ 1,012,222,957	\$ 1,041,795,636	\$ 1,040,122,053	\$ 946,897,373	\$ 856,976,416
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NY

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 41,629,217	\$ 40,842,301	\$ 41,629,217		\$ 41,043,769	
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
3. State Funds <i>(Line3, Form 2)</i>	\$ 351,565,000	\$ 337,067,557	\$ 390,311,698		\$ 363,695,631	
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 361,355,556	\$ 357,876,779	\$ 309,987,228		\$ 299,499,317	
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
6. Program Income <i>(Line6, Form 2)</i>	\$ 189,548,660	\$ 179,051,322	\$ 174,723,376		\$ 176,715,455	
7. Subtotal <i>(Line8, Form 2)</i>	\$ 944,098,433	\$ 914,837,959	\$ 916,651,519	\$ 0	\$ 880,954,172	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 40,337,744	\$ 40,337,744	\$ 46,143,937		\$ 45,901,844	
9. Total <i>(Line11, Form 2)</i>	\$ 984,436,177	\$ 955,175,703	\$ 962,795,456	\$ 0	\$ 926,856,016	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2008
Field Note:
level of funding provided for FFY08
2. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2008
Field Note:
4% difference in expenditure and budget amount due to routine under spending for most programs. Budget will be adjusted in the future to allow for these differences. In addition, three new initiatives to state funding had no or minor expenditures and one increased allocation was reassigned to a different Center in the department.
3. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2007
Field Note:
Methodology used to determine program income applied percentages based on analysis done years ago. It had not been updated in a number of years and none of the staff that developed the methodology is available to revise it. Current calculations are based on local government and sub-recipient reported income and therefore is readily retrievable by multiple staff and/or changing staff.
4. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2007
Field Note:
\$2.6M of Federal Abstinence funding not expended as the State declined subsequent awards.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NY

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 51,497,820	\$ 52,883,408	\$ 53,904,738	\$ 47,044,245	\$ 48,860,325	\$ 45,117,681
b. Infants < 1 year old	\$ 198,607,402	\$ 208,622,619	\$ 173,879,542	\$ 158,679,430	\$ 185,488,271	\$ 104,879,584
c. Children 1 to 22 years old	\$ 52,633,802	\$ 49,002,057	\$ 139,787,098	\$ 154,144,896	\$ 54,289,250	\$ 97,346,038
d. Children with Special Healthcare Needs	\$ 556,441,521	\$ 572,014,112	\$ 547,371,892	\$ 525,266,481	\$ 531,129,829	\$ 498,360,642
e. Others	\$ 40,138,007	\$ 39,298,680	\$ 30,594,283	\$ 67,047,059	\$ 39,812,117	\$ 43,678,763
f. Administration	\$ 47,332,555	\$ 48,516,888	\$ 51,950,338	\$ 47,920,787	\$ 45,241,042	\$ 28,121,903
g. SUBTOTAL	\$ 946,651,107	\$ 970,337,764	\$ 997,487,891	\$ 1,000,102,898	\$ 904,820,834	\$ 817,504,611
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 3,755,454		\$ 3,614,500		\$ 3,675,827	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 1,150,161		\$ 3,854,137		\$ 2,380,573	
j. Education	\$ 26,175,777		\$ 26,210,607		\$ 25,623,183	
k. Other						
Title X (Family Plan	\$ 0		\$ 0		\$ 10,296,956	
Family Planning	\$ 19,325,051		\$ 10,528,501		\$ 0	
III. SUBTOTAL	\$ 50,506,443		\$ 44,307,745		\$ 42,076,539	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NY

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 64,999,538	\$ 61,029,725	\$ 76,287,545		\$ 77,507,975	
b. Infants < 1 year old	\$ 129,744,213	\$ 128,292,591	\$ 46,193,308		\$ 67,645,380	
c. Children 1 to 22 years old	\$ 116,647,102	\$ 107,617,387	\$ 125,026,052		\$ 121,371,304	
d. Children with Special Healthcare Needs	\$ 496,870,196	\$ 486,426,590	\$ 540,975,612		\$ 506,821,678	
e. Others	\$ 97,300,581	\$ 93,049,666	\$ 112,109,458		\$ 94,488,959	
f. Administration	\$ 38,536,803	\$ 38,422,000	\$ 16,059,544		\$ 13,118,876	
g. SUBTOTAL	\$ 944,098,433	\$ 914,837,959	\$ 916,651,519	\$ 0	\$ 880,954,172	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 150,000		\$ 150,000		\$ 150,000	
b. SSDI	\$ 100,000		\$ 100,000		\$ 568,638	
c. CISS	\$ 0		\$ 140,000		\$ 0	
d. Abstinence Education	\$ 3,614,500		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 1,837,125		\$ 1,939,252		\$ 1,334,619	
j. Education	\$ 25,550,992		\$ 23,636,568		\$ 23,831,850	
k. Other						
Medicaid Match	\$ 0		\$ 9,758,117		\$ 9,503,861	
Title X-Fam Planning	\$ 0		\$ 10,420,000		\$ 10,512,876	
Title X (Family Plan)	\$ 9,085,127		\$ 0		\$ 0	
III. SUBTOTAL	\$ 40,337,744		\$ 46,143,937		\$ 45,901,844	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2009
Field Note:
adjust \$1 for rounding
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2007
Field Note:
We are unable to identify the FFY07 initiatives and/or percentages that equal to the budget allocations indicated in the grant application and surmise that dollars were incorrectly categorized therefore resulting in the large differences in expenditures for "infants under one year only" and "children 1 to 22 years old".
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2007
Field Note:
We are unable to identify the FFY07 initiatives and/or percentages that equal to the budget allocations indicated in the grant application and surmise that dollars were incorrectly categorized therefore resulting in the large differences in expenditures for "infants under one year only" and "children 1 to 22 years old".
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2007
Field Note:
The budget for Administrative costs was constructed using using some methodology that derived percentages that we are not able to duplicate. The expenditure amount uses percentage or amounts reported by program.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NY

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 628,765,665	\$ 655,463,160	\$ 635,696,049	\$ 617,901,245	\$ 587,681,132	\$ 545,637,112
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 174,562,464	\$ 176,116,304	\$ 187,621,486	\$ 179,091,959	\$ 171,011,137	\$ 124,847,808
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 67,590,889	\$ 64,527,461	\$ 102,671,574	\$ 105,710,343	\$ 70,123,615	\$ 68,531,654
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 75,732,089	\$ 74,230,839	\$ 71,498,782	\$ 97,399,351	\$ 76,004,950	\$ 78,488,037
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 946,651,107	\$ 970,337,764	\$ 997,487,891	\$ 1,000,102,898	\$ 904,820,834	\$ 817,504,611

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NY

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 479,686,457	\$ 468,968,888	\$ 542,289,899	\$	\$ 549,101,044	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 111,547,731	\$ 103,589,315	\$ 72,957,273	\$	\$ 73,676,681	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 118,240,385	\$ 113,204,948	\$ 110,605,239	\$	\$ 114,544,747	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 234,623,860	\$ 229,074,808	\$ 190,799,108	\$	\$ 143,631,700	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 944,098,433	\$ 914,837,959	\$ 916,651,519	\$ 0	\$ 880,954,172	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1.

Section Number: Form5_Main

Field Name: EnablingExpended

Row Name: Enabling Services

Column Name: Expended

Year: 2007

Field Note:

Under expenditures in the Enabling Services Category are most likely due the inclusion of a number of initiatives that should not have been included coupled with program income and some local calculation methodologies that could not be duplicated.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: NY

Total Births by Occurrence: 252,793

Reporting Year: 2008

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	252,793	100	34	13	13	100
Congenital Hypothyroidism	252,793	100	993	130	130	100
Galactosemia	252,793	100	18	9	9	100
Sickle Cell Disease	252,793	100	72	61	61	100
Other Screening (Specify)						
Congenital Adrenal Hyperplasia	252,793	100	331	10	10	100
Homocystinuria	252,793	100	22	0	0	
Maple Syrup Urine Disease	252,793	100	17	0	0	
Tyrosinemia Type I	252,793	100	10	1	1	100
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	252,793	100	10	1	1	100
Argininosuccinic Acidemia	252,793	100	6	1	1	100
Citrullinemia	252,793	100	6	1	1	100
Carnitine Uptake Defect	252,793	100	9	6	6	100
Methylmalonic acidemia (Cbl A,B)	252,793	100	31	10	10	100
Multiple Carboxylase Deficiency	252,793	100	31	9	9	100
Trifunctional Protein Deficiency	252,793	100	2	1	1	100
Sickle Cell Anemia (SS-Disease)	252,793	100	144	124	124	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	252,793	100	9	0	0	
Other Hemoglobin Disorders	252,793	100	40	35	35	100
3-Hydroxy-3-methylglutaryl-CoA lyase deficiency	252,793	100	94	24	24	100

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Other Screening Types

Field Name: Other

Row Name: All Rows

Column Name: All Columns

Year: 2010

Field Note:

247,960 newborns received hearing screening. Follow-up results for 2008 were not available as yet. In addition, 252,793 newborns received screening for HIV-1, and 528 were presumptively positive.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: NY

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	391,034	42.2				57.8
Infants < 1 year old	246,824	32.7	1.0	57.4	8.9	
Children 1 to 22 years old	5,583,705	26.9	6.8	57.4	8.9	
Children with Special Healthcare Needs	542,758				2.0	98.0
Others	511,395	22.1		63.0	14.9	
TOTAL	7,275,716					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main

Field Name: CSHCN_TS

Row Name: Children with Special Health Care Needs

Column Name: Title V Total Served

Year: 2010

Field Note:

Includes children served by: School-Based Health Centers (151,694), CSHCN program (5,703), Early Intervention Program (71,035), Newborn Screening program (almost all screened for both inborn metabolic disorders and hearing -- 252,793), the Lead Poisoning program (3048), and 12.7% (estimated percentage of all children in NYS with SHCN, from SLAITS) of children served by Community-based Adolescent Pregnancy Prevention Program (50,645 out of 405,160), and the Adolescent Pregnancy Prevention Program (7,840 out of 62,720). The number does not include 12.7% of adolescents served by the family planning program, since there may be some overlap with the CBAPP program.

2. **Section Number:** Form7_Main

Field Name: AllOthers_TS

Row Name: Others

Column Name: Title V Total Served

Year: 2010

Field Note:

This estimate includes the 87.8% of CBAPP and APPS clients not covered under CSHCN (409,395), plus the 102,000 adolescents served by the Family Planning Program.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: NY

Reporting Year: 2007

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	240,624	156,167	50,325	391	22,987	0	0	10,754
Title V Served	240,624	156,167	50,325	391	22,987	0	0	10,754
Eligible for Title XIX	105,462	54,905	32,466	216	11,242	0	0	6,633
INFANTS								
Total Infants in State	245,586	159,642	51,339	396	23,322	0	0	10,887
Title V Served	245,586	159,642	51,339	396	23,322	0	0	10,887
Eligible for Title XIX	106,896	55,568	33,058	217	11,355	0	0	6,698

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	181,321	58,535	768	0	0	0	0	58,535
Title V Served	181,321	58,535	768	0	0	0	0	58,535
Eligible for Title XIX	65,538	39,779	145	0	0	0	0	39,779
INFANTS								
Total Infants in State	185,489	59,316	781	0	0	0	0	59,316
Title V Served	185,489	59,316	781	0	0	0	0	59,316
Eligible for Title XIX	66,519	40,229	148	0	0	0	0	40,229

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NY

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 522-5006	(800) 522-5006	(800)522-5006	(800) 522-5006	(800) 522-5006
2. State MCH Toll-Free "Hotline" Name	The Growing Up Healthy Hotline	The Growing Up Healthy Hotline	The Growing Up Healthy Hotline	The Growing Up Healthy Hotline	The Growing Up Healthy Hotline
3. Name of Contact Person for State MCH "Hotline"	Michael Acosta	Michael Acosta	Michael Acosta	Rudy Lewis	Rudy Lewis
4. Contact Person's Telephone Number	(518) 474-1911	(518) 474-1911	(518)474-1911	(518) 474-1911	(518) 474-1911
5. Contact Person's Email	maa04@health.state.ny.t				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	69,506	60,471	55,380

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NY

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: NY

1. State MCH Administration:
(max 2500 characters)

The New York State Department of Health's Division of Family Health administers the Title V program in New York State. The Title V program supports activities designed to improve the health status of women, particularly those of reproductive age, infants, children and adolescents, including those with special health care needs. Funds support public health/infrastructure, population-based, enabling and gap-filling personal health care services for those with limited access to high quality, continuous health care. The Division of Family Health encompasses four Bureaus (Women's Health, Dental Health, Early Intervention, and Child and Adolescent Health), and is supported by the Office of the Medical Director and the Research and Policy office. The Division also provides leadership for the State Systems Development Initiative (SSDI), the American Indian Health Program, the Asthma Coordinators, MCH Graduate Student Assistantship Program, and the Migrant and Seasonal Farmworker Health Program. All programs work closely with the Department's Office of Health Insurance Programs (OHIP), which oversees the state's Medicaid program, and the Office of Health Systems Management, which licenses and monitors hospitals and clinics throughout the state.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 41,043,769
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 363,695,631
5. Local MCH Funds (Line 4, Form 2)	\$ 299,499,317
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 176,715,455
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 880,954,172

9. Most significant providers receiving MCH funds:

School-based health centers
Family planning programs
Newborn screening and genetics services
Lead poisoning prevention and education services

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	391,034
b. Infants < 1 year old	246,824
c. Children 1 to 22 years old	5,583,705
d. CSHCN	542,758
e. Others	511,395

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Genetics services, School-based Health Centers, family planning, tracking and follow-up of lead poisoned children, primary care and dental services for migrant and seasonal farmworkers and their families, public health nurse home visiting. The Prenatal Care Assistance Program (PCAP/MOMS), the Community Health Worker Program, Children with Special Health Care Needs program, services to Native American women and children, care coordination, patient education, translation, transportation, and Physically Handicapped Children diagnosis and evaluation.

b. Population-Based Services:
(max 2500 characters)

Newborn genetics and hearing screening, population-based health education campaigns, including prenatal outreach and education, child find, the Growing Up Healthy Hotline, injury prevention, immunization, Welcome to Parenthood, fluoridation services, health information and referral, nutrition and physical activities programs for children, adolescent pregnancy prevention, Youth Development, migrant health outreach and education.

c. Infrastructure Building Services:
(max 2500 characters)

Maternal mortality program, surveillance and public health information, community health assessments, vital records, Statewide Perinatal Data System, hospital discharge data system (SPARCS), immunization registries, including NYSIIS, workforce development, staff development, evaluation and monitoring, contract management, perinatal regionalization, emergency preparedness, standards and guidelines development, contractor training, policy development. Education-related activities include the Preventive Medicine and Dental Public Health residency programs, the MCH Graduate Assistantship program, Public Health Grand Rounds, monthly T2B2 Satellite broadcasts, Centers for Excellence, the Statewide Oral Health Technical Assistance Center, participation in the NY/NJ Public Health Training Center, and participation in national meetings and organizations.

12. The primary Title V Program contact person:

Name	Barbara L. McTague
Title	Director, Division of Family Health
Address	Room 890, Corning Tower Building, ESP
City	Albany

13. The children with special health care needs (CSHCN) contact person:

Name	Susan Slade, MS, RN
Title	Co-Director, Medical Home Unit
Address	Room 208, Corning Tower, ESP
City	Albany

State	NY
Zip	12237-0657
Phone	(518) 474-6968
Fax	(518) 473-2015
Email	blm01@health.state.ny.us
Web	www.health.state.ny.us

State	NY
Zip	12237-0618
Phone	(518) 474-2001
Fax	(518) 473-8673
Email	sjs11@health.state.ny.us
Web	www.health.state.us

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: NY

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	250,209	246,243	252,014	4,459	4,427
Denominator	250,259	246,243	252,014	4,459	4,427
Data Source					Newborn Screening Program data set
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p><small>(Explain data in a year note. See Guidance, Appendix IX.)</small></p>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2008

Field Note:
 Unlike in 2002 through 2006, the numerator and denominator numbers in 2007 and 2008 represent only the infants screened positive, rather than all infants screened.
- Section Number:** Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2007

Field Note:
 Unlike in 2002 through 2006, the numerator and denominator numbers in 2007 and 2008 represent only the infants screened positive, rather than all infants screened.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	70	62	64	66	66
Annual Indicator	60.3	60.3	60.3	59	59
Numerator					
Denominator					
Data Source					CSHCN survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	60	62	63	64	65
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey

2. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	60	52	55	58	58
Annual Indicator	51.7	51.7	51.7	45.2	45.2
Numerator					
Denominator					
Data Source					CSHCN survey

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	46	48	49	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	65	70	68	70	72
Annual Indicator	59.1	59.1	59.1	62.1	62.1
Numerator					
Denominator					
Data Source					CSHCN survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	64	64	66	66	68
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. Section Number: Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. Section Number: Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	85	78	80	82	91
Annual Indicator	75.3	75.3	75.3	90.6	90.6
Numerator					
Denominator					
Data Source					CSHCN survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	92	92	92	93	93
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	20	7	7	9	40
Annual Indicator	5.8	5.8	5.8	38.4	38.4
Numerator					
Denominator					
Data Source					CSHCN survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	40	40	43	43	43
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	81	85	86	87	88
Annual Indicator	83.3	81.6	83.5	83	78.9
Numerator					
Denominator					
Data Source					National Immunization Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	80	80	82	82	84
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data from the National Immunization Survey. Numerator and Denominator data are not available. Data are for the time period 7/07-6/08

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data from the National Immunization Survey. Numerator and Denominator data are not available. Data are for the time period 1/07-12/07.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	14	13	12	11	11
Annual Indicator	14.2	13.7	13.1	13.2	13.2
Numerator	5,415	5,332	5,214	5,277	5,277
Denominator	381,221	390,618	398,091	398,693	398,693

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	12.5	12.3	12.1	11.9	11.9

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	60	40	30	35	40
Annual Indicator	27.0	27.0	27.0	27.0	27.0
Numerator	10,534	10,534	10,534	10,534	10,534
Denominator	39,014	39,014	39,014	39,014	39,014

Data SourceNYS 3rd Grade
Dental Survey

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	28	39	39	30	31
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

2002-2004 data are being used as a proxy for 2007.

- 2.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

2002-2004 data are being used as a proxy for 2007.

- 3.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

2002-2004 data are being used as a proxy for 2006.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	0.5	0.5	1.1	1	0.9
Annual Indicator	2.2	1.3	1.3	1.3	1.3
Numerator	85	49	50	48	48
Denominator	3,790,880	3,790,880	3,916,635	3,597,289	3,597,289

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1.3	1.2	1.2	1.2	1.2

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008.

The number of MV related deaths is based on the definition used by the NYS Department of Health, Bureau of Biometrics and Health Statistics.

2. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

The number of MV related deaths is based on the definition used by the NYS Department of Health, Bureau of Biometrics and Health Statistics.

3. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

The number of MV related deaths is based on the definition used by the NYS Department of Health, Bureau of Biometrics and Health Statistics.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			40	43	51
Annual Indicator		37.2	50	50	43.5
Numerator					
Denominator					
Data Source					National Immunization Survey - breastfeeding suppl
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	44.5	45.5	47	48	49
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are based on the 2005 birth cohort.

Data Source: National Immunization Survey - breastfeeding supplement

2. Section Number: Form11_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data are based on the 2004 birth cohort.

Data Source: National Immunization Survey - breastfeeding supplement

3. Section Number: Form11_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data are based on the 2004 birth cohort.

Data source: National Immunization Survey - breastfeeding supplement.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator	99.9	98.8	97.9	98.5	98.5
Numerator	240,577	242,628	242,212	247,960	247,960
Denominator	240,921	245,675	247,352	251,760	251,760
Data Source					Newborn Hearing Screening Program
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 data are being used as a proxy for 2008.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	5	9	8.5	8	8
Annual Indicator	8.6	7.7	8.4	8.9	8.9
Numerator	396,000	347,000	380,000	395,000	395,000
Denominator	4,604,000	4,534,000	4,547,000	4,437,000	4,437,000

Data Source

Current Population Survey

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	8.5	8.4	8.2	8	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 data are being used as a proxy for 2008.

2. **Section Number:** Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			32	31	30
Annual Indicator		32.1	32.0	32.0	32.0
Numerator		24,562	63,874	63,373	63,373
Denominator		76,566	199,608	198,041	198,041

Data Source

PedNSS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	29	29	28	28	28
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008.

2. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

2006 data are being used as a proxy for 2007.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			15	14	14
Annual Indicator		15	12.2	13.7	13.7
Numerator					
Denominator					
Data Source					PRAMS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	13	12	11	11	11
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 NYS PRAMS data, exclusive of NYC, are being used as a proxy for 2008. Numerator and denominator data are not available (survey data).

- 2.
- Section Number:**
- Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

2006 NYS PRAMS data, exclusive of NYC, are being used as a proxy for 2007.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	4.4	4.2	4.1	4.1	4
Annual Indicator	5.2	3.9	3.7	3.9	3.9
Numerator	68	52	51	54	54
Denominator	1,297,818	1,318,372	1,385,081	1,396,874	1,396,874

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3.8	3.8	3.7	3.7	3.6

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008.

2. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

3. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

revised 4/2009

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	87	90	91	92	92
Annual Indicator	87.2	87.1	88.6	89.7	89.7
Numerator	3,453	3,281	3,345	3,252	3,252
Denominator	3,962	3,765	3,774	3,627	3,627

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	94	94	95	95	95

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 data are being used as a proxy for 2008.

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

2006 data are being used as a proxy for 2007.

3. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data have been updated and finalized.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	82.5	85	77	78	79
Annual Indicator	74.9	75.4	74.6	73.8	73.8
Numerator	175,151	174,737	174,078	174,949	174,949
Denominator	233,802	231,661	233,441	236,903	236,903

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	80	81	82	82	82
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form11_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008.

STATE PERFORMANCE MEASURE # 1

Percent of Live Births Resulting from Unintended Pregnancies

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			32.8	32.7	31
Annual Indicator	36.3	35.8	33.4	37.5	37.5
Numerator					
Denominator					
Data Source					PRAMS
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	31	30.5	30	29.5	29
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #1

Field Name: SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 data are being used as a proxy for 2008. Numerator and denominator data are not available. Data are from the NYS PRAMS survey for areas in NYS outside of NYC.

2. **Section Number:** Form11_State Performance Measure #1

Field Name: SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator and denominator data are not available. Data are from the NYS PRAMS survey for areas in NYS outside of NYC.

STATE PERFORMANCE MEASURE # 2

Hospitalization Rate for Asthma in Children 1 to Age 14

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			245	235	235
Annual Indicator	384.0	335.9	346.5	320.5	320.5
Numerator	13,588	11,729	11,968	10,738	10,738
Denominator	3,538,603	3,492,321	3,453,631	3,350,465	3,350,465
Data Source					SPARCS
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	235	230	230	230	220
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008.

2. **Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2006

Field Note:

revised 4/2009

STATE PERFORMANCE MEASURE # 4

Teenage Pregnancy Rate for Girls Ages 15-17

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			35	34	34
Annual Indicator	37.5	36.5	36.3	35.1	35.1
Numerator	14,283	14,256	14,444	14,011	14,011
Denominator	381,221	390,618	398,091	398,693	398,693
Data Source					Vital Records
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	33	33	32	32	31
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #4

Field Name: SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 data are being used as a proxy for 2008.

2. **Section Number:** Form11_State Performance Measure #4

Field Name: SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

STATE PERFORMANCE MEASURE # 6

Percent of infants who are put down on their backs to sleep.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			82	84	84
Annual Indicator	69.5	67.2	71.9	70.5	70.5
Numerator					
Denominator					
Data Source					PRAMS
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	85	85	85	86	86
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2008
Field Note:
 2007 data are being used as a proxy for 2008. Data are from the NYS PRAMS Survey which includes women residing in NYS outside of NYC
- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2007
Field Note:
 Data are from the NYS PRAMS Survey which includes women residing in NYS outside of NYC.
- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2006
Field Note:
 Data are from NYS PRAMS Survey which includes women residing in NYS outside of NYC.

STATE PERFORMANCE MEASURE # 7

Hospitalizations for Self-Inflicted Injuries for 15-19 Year Olds

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			0.1	0.1	0.1
Annual Indicator	0.1	0.1	0.1	0.1	0.1
Numerator	1,421	1,291	1,324	1,280	1,280
Denominator	1,297,818	1,318,372	1,385,081	1,396,874	1,396,874
Data Source					SPARCS
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	0.1	0.1	0.1	0.1	0.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008.

2. **Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2007

Field Note:

3. **Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2006

Field Note:

revised 4/2009

STATE PERFORMANCE MEASURE # 8

Percent of High School Students who had five or more drinks of alcohol in a row at least once in the Last Month

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			19	18	18
Annual Indicator	25.3	23.9	23.9	24.9	24.9
Numerator					
Denominator					
Data Source					YRBS
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>18</u>	<u>18</u>	<u>18</u>	<u>18</u>	<u>18</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #8

Field Name: SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are from the 2007 YRBS (biannual) survey. There are no numerator or denominator data available from this survey

- Section Number:** Form11_State Performance Measure #8

Field Name: SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator and Denominator data are not available (2007 YRBS survey data)

- Section Number:** Form11_State Performance Measure #8

Field Name: SM8**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data are from the 2005 YRBS (biannual) survey. There are no numerator or denominator data available from this survey.

STATE PERFORMANCE MEASURE # 9

Percent of High School Students Who Smoked Cigarettes in the Last Month

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			5	5	5
Annual Indicator	20.2	16.2	16.2	13.8	13.8
Numerator					
Denominator					
Data Source					YRBS
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	5	5	5	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 data are from the 2007 (biannual)Youth Risk Behavior Survey. Numerator and denominator data are not available (survey data).
- Section Number:** Form11_State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2007
Field Note:
 Numerator and Denominator data not available (2007 YRBS survey data).
- Section Number:** Form11_State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2006
Field Note:
 Data are from the Youth Risk Behavior Survey. Numerator and denominator data are not available (survey data). 2005 data are being used as a proxy for 2006.

STATE PERFORMANCE MEASURE # 10

Percent of children in the birth year cohort who were screened for high blood lead before the age of two.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			87	87	80
Annual Indicator	63	63	69.5	69.5	69.5
Numerator					
Denominator					
Data Source					NYS Lead Tracking System
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	81	82	83	83	83
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data are from the NYS Lead Tracking System, based on the 2004 birth cohort ,with testing through 2007.

2. Section Number: Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data are from the NYS Lead Tracking System, based on the 2004 birth cohort ,with testing through 2007.

3. Section Number: Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data are based on the 2004 birth cohort with testing through 2007.

STATE PERFORMANCE MEASURE # 11

Percent of High School Students who watched 3 or more hours of TV on an average school day.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			40	38	34
Annual Indicator	43.6	41.9	41.9	35.3	35.3
Numerator					
Denominator					
Data Source					YRBS
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	33	32	31	30	30
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #11**Field Name:** SM11**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are from the 2007 biannual YRBS survey. Numerator and Denominator data are not available .

2. Section Number: Form11_State Performance Measure #11**Field Name:** SM11**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator and Denominator data are not available (2007 YRBS survey data)

3. Section Number: Form11_State Performance Measure #11**Field Name:** SM11**Row Name:****Column Name:****Year:** 2006**Field Note:**

2005 data are being used as a proxy for 2006. Numerator and denominator data are not available (survey data).

STATE PERFORMANCE MEASURE # 12

Percent of Women that felt down, depressed or hopeless always or often after their baby was born.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			11.5	11.4	8
Annual Indicator	10.4	9.9	8.3	7	7
Numerator					
Denominator					
Data Source					PRAMS
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>8</u>	<u>7.5</u>	<u>7.5</u>	<u>7</u>	<u>7</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #12
Field Name: SM12
Row Name:
Column Name:
Year: 2008
Field Note:
 2007 data are being used as a proxy for 2008. Data are from the NYS PRAMS survey which includes women residing in NYS outside of NYC
- Section Number:** Form11_State Performance Measure #12
Field Name: SM12
Row Name:
Column Name:
Year: 2007
Field Note:
 Data are from the NYS PRAMS survey which includes women residing in NYS outside of NYC.
- Section Number:** Form11_State Performance Measure #12
Field Name: SM12
Row Name:
Column Name:
Year: 2006
Field Note:
 Data are from the NYS PRAMS survey which includes women residing in NYS outside of NYC.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: NY

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	5.8	5.7	5.6	5.5	5.5
Annual Indicator	6.0	5.8	5.6	5.5	5.5
Numerator	1,503	1,414	1,391	1,382	1,382
Denominator	248,876	245,378	249,207	252,662	252,662
Data Source					Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	5.5	5.4	5.3	5.2	5.2
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2008

Field Note:

2007 vital records data are being used as a proxy for 2008 statewide data. Infant deaths for a given year are used as numerator data, and the births in that year are used as the denominator number. The resulting rate may be slightly different that a rate derived from matched birth-death files.

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

Infant deaths for a given year are used as numerator data, and the births in that year are used as the denominator number. The resulting rate may be slightly different that a rate derived from matched birth-death files.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	1.5	1.4	1.4	1.3	1.3
Annual Indicator	2.2	1.9	1.9	1.8	1.8
Numerator	10.7	9.2	9	8.7	8.7
Denominator	4.9	4.9	4.7	4.8	4.8

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1.3	1.3	1.2	1.2	

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2008

Field Note:

2007 vital records data are being used as a proxy for 2008 statewide data. Infant deaths for a given year are used as numerator data, and births for the same year as denominator data. The resulting rate may differ somewhat from a rate based on matched birth-death files

2. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

Infant deaths for a given year are used as numerator data, and births for the same year as denominator data. The resulting rate may differ somewhat from a rate based on matched birth-death files.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	4	3.9	3.9	3.8	3.8
Annual Indicator	4.3	4.0	3.8	3.6	3.6
Numerator	1,058	983	936	909	909
Denominator	248,876	245,378	249,207	252,662	252,662

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3.7	3.7	3.6	3.6	3.6

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 data are being used as a proxy for 2008. Vital statistics data are used to determine the rate: infant s who died within 28 days of birth in the target year constitute the numerator, and births for that same year are used as the denominator. The rate may vary somewhat from a rate derived from matched birth-death files.

2. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Vital statistics data are used to determine the rate: infant s who died within 28 days of birth in the target year constitute the numerator, and births for that same year are used as the denominator. The rate may vary somewhat from a rate derived from matched birth-death files.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	1.3	1.1	1.1	1	1
Annual Indicator	1.8	1.8	1.8	1.9	1.9
Numerator	445	431	456	473	473
Denominator	248,876	245,378	249,207	252,662	252,662

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1	1	1	1	1

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2008

Field Note:

2007 statewide vital records data are being used as a proxy for 2008. Postneonatal mortality rates are determined using infant deaths from 28d-1y in a given year, divided by infant births from the same year. This rate may vary marginally from a rate calculated using matched birth-death certificates.

2. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2007

Field Note:

Postneonatal mortality rates are determined using infant deaths from 28d-1y in a given year, divided by infant births from the same year. This rate may vary marginally from a rate calculated using matched birth-death certificates.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	11.6	11.5	5.9	5.7	5.5
Annual Indicator	7.2	7.3	5.6	5.3	5.3
Numerator	1,793	1,798	1,411	1,343	1,343
Denominator	250,019	246,397	249,862	253,297	253,297

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	5.3	5.2	5.2	5.2	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2008

Field Note:

2007 statewide vital statistics data are being used as a proxy for 2008 data, not yet available. The numerator is derived from the number of infant deaths in the perinatal period plus fetal deaths, as reported on death and fetal death certificates for the year. The denominator is all births for the same year. This gives a rate that may vary somewhat from a rate calculated using matched birth-death files plus fetal deaths.

2. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

The numerator is derived from the number of infant deaths in the perinatal period plus fetal deaths, as reported on death and fetal death certificates for the year. The denominator is all births for the same year. This gives a rate that may vary somewhat from a rate calculated using matched birth-death files plus fetal deaths.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	11.5	10	10	9.5	9.5
Annual Indicator	15.7	15.6	13.9	15.1	15.1
Numerator	557	545	480	506	506
Denominator	3,536,587	3,502,575	3,453,631	3,350,465	3,350,465

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	9.5	9.4	9.4	9.3	9.3

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008.

2. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

revised 4/2009

STATE OUTCOME MEASURE # 1

Maternal Mortality Rate per 100,000 Live Births

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			20	19.5	19
Annual Indicator	20.5	14.7	19.3	15.8	15.8
Numerator	51	36	48	40	40
Denominator	248,876	245,378	249,207	252,662	252,662
Data Source					Vital Records
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	18.5	18	17.5	17	16
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 statewide vital records data are being used as a proxy for 2008. The variability of this rate can be substantial on an annual basis, and depends on a number of factors, primary among which is the intensity with which case ascertainment is pursued. The Safe Motherhood/ Maternal Mortality initiative being implemented in NYS by the American College of Obstetricians and Gynecologists, in collaboration with DOH, has improvement in case ascertainment as one of its major foci. We should therefore expect the rate to increase somewhat in response to this effort, while the impact of educational initiatives designed to reduce maternal mortality is expected to lag behind ascertainment in terms of impact on the rate

2. Section Number: Form12_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2007**Field Note:**

The variability of this rate can be substantial on an annual basis, and depends on a number of factors, primary among which is the intensity with which case ascertainment is pursued. The Safe Motherhood/ Maternal Mortality initiative being implemented in NYS by the American College of Obstetricians and Gynecologists, in collaboration with DOH, has improvement in case ascertainment as one of its major foci. We should therefore expect the rate to increase somewhat in response to this effort, while the impact of educational initiatives designed to reduce maternal mortality is expected to lag behind ascertainment in terms of impact on the rate.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: NY

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 18

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

No comments were received on any of the survey items.

A similar study was sent to young people, with similar findings. All item responses except for the last one (cultural diversity) had scores that averaged to 3, while item 6 had a score that rounded down to 2. Reasons for this lower score are unclear, but will be investigated by program staff in an effort to improve this score in subsequent years.

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: NY FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women," and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To improve access to high-quality health services for all New Yorkers, with a special emphasis on prenatal care and primary and preventative care which includes attention to mental health issues and which serves those with special health care needs;
2. To improve oral health, particularly for pregnant women, mothers and children, and among those with low income;
3. To prevent and reduce the incidence of overweight for infants, children and adolescents;
4. To eliminate racial, ethnic and geographic disparities in health outcomes, especially with regard to low birth weight and infant mortality;
5. To improve diagnosis and appropriate treatment of asthma in the maternal and child health population;
6. To reduce or eliminate tobacco, alcohol and substance use among children and pregnant women;
7. To reduce unintended and adolescent pregnancies;
8. To ensure the availability of comprehensive genetics services statewide, including follow-up on positive newborn screening tests, specialty services, and genetics counseling for affected families;
9. To reduce the rate of violence across all age groups, including inflicted and self-inflicted injuries and suicides in 15- to 19-year-olds;
10. To improve parent and consumer participation in the Children with Special Health Care Needs Program, as evidenced by parent scores.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: NY

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	None at present -- we reserve the option to request assistance at a later time	N/A	N/A
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: NY

SP # 1

PERFORMANCE MEASURE:

Percent of Live Births Resulting from Unintended Pregnancies

STATUS:

Active

GOAL

To decrease the number of unintended pregnancies

DEFINITION

Births to women that were unintended.

Numerator:

Number of women surveyed that reported they wanted to be pregnant later or not at all.

Denominator:

Number of women responding to the survey times 100

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The NYS PRAMS Survey is the source for these data. One limitation is that the survey is only available for NYS excluding NYC.

SIGNIFICANCE

Unintended pregnancy is a problem among women in all age groups. In 1994 48% of American females aged 15-44 years had at least one unintended pregnancy in their lifetime and nearly 1/3 had one or more abortions.

SP # 2

PERFORMANCE MEASURE:

Hospitalization Rate for Asthma in Children 1 to Age 14

STATUS:

Active

GOAL

To reduce asthma morbidity among children.

DEFINITION

Rate of asthma hospitalizations per 100,000 children ages 1 to 14.

Numerator:

Number of hospitalizations for asthma among children age 1 to 14.

Denominator:

Number of children ages 1 to 14 times 100,000.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The NYS SPARCS Data System is the source for the hospitalization data. The NYSDOH Bureau of Biometrics provides population estimates. .

SIGNIFICANCE

Increased asthma prevalence among children and the associated morbidity due to exacerbations and persistent symptoms present a huge burden to affected individuals and their families. In the US, over 10 million school days are lost annually by children with asthma. Consequently lost productivity of their parents was almost \$1M. Patients with inadequately controlled severe asthma have high expenditures in health care costs, especially in terms of hospitalizations. The social and economic burdens of asthma can be alleviated through appropriate asthma prevention and management strategies.

SP # 4

PERFORMANCE MEASURE:

Teenage Pregnancy Rate for Girls Ages 15-17

STATUS:

Active

GOAL

To lower the pregnancy rate among teenagers.

DEFINITION

Numerator:

Number of pregnancies (including abortions, spontaneous fetal deaths, and births) to females aged 15-17 years old.

Denominator:

Number of females aged 15-17 years of age times 1000.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital Records are the source for data on mothers' age and pregnancies. Population numbers are estimated by the Bureau of Biometrics, NYS Health Department.

SIGNIFICANCE

Adolescent sexual activity can have life-changing or life-threatening consequences; unintended pregnancy and infection with sexually transmitted diseases or HIV. Teen parenting is associated with non-completion of high school and the initiation of a cycle of poverty. Adolescent pregnancy reduces employment opportunities leading to increased poverty, and is associated with poorer health outcomes, less likelihood to marry, and increased dependence on public assistance.

SP # 6

PERFORMANCE MEASURE:

Percent of infants who are put down on their backs to sleep.

STATUS:

Active

GOAL

To increase the number of infants that are placed on their backs to sleep.

DEFINITION

To increase the number of infants that are placed on their backs to sleep.

Numerator:

Number of mothers that reported they placed their babies on there back to sleep.

Denominator:

Number of moms responding to the survey times 100.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The PRAMS survey is the source for these data. One limitation is that the survey is only available for NYS excluding NYC.

SIGNIFICANCE

Much research has shown that infants who are placed on their backs for sleeping are at reduced risk for Sudden Infant Death Syndrome (SIDS).

SP # 7

PERFORMANCE MEASURE:

Hospitalizations for Self-Inflicted Injuries for 15-19 Year Olds

STATUS:

Active

GOAL

To reduce self-inflicted, preventable morbidity and mortality.

DEFINITION

hospitalizations

Numerator:

Number of hospitalizations attributed to self-inflicted injuries among youth 15-19 years of age.

Denominator:

Number of youth 15-19 years of age times 100,000.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The New York State SPARCS Data System is the source for the hospitalization data. The Bureau of Biometrics, NYSDOH, provides population estimates.

SIGNIFICANCE

Enhancing the mental health status of communities is, by itself, an important goal. Its significance is magnified by the fact that mental and physical health are often inexorably entwined. Personal characteristics or experiences such as low self-esteem, concerns about social acceptance, the absence of strong family structure and support, early exposure to violence and abuse, compulsive behavior, and fatalism are often associated with a wide range of risk behaviors and adverse health outcomes. Self-inflicted injury is one of the extreme manifestations of poor emotional health. Among adolescents and young adults, self-inflicted injuries are five times more likely to occur as compared to their older counterparts. A 1993 study of high school students in the state outside of NYC revealed that approximately 10% of those surveyed actually attempted to kill themselves. 25% of them needed medical attention as a result of their attempt.

SP # 8

PERFORMANCE MEASURE:

Percent of High School Students who had five or more drinks of alcohol in a row at least once in the Last Month

STATUS:

Active

GOAL

To reduce alcohol use among adolescents.

DEFINITION

Students who had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days.

Numerator:

The number of high school students that reported they drank five or more drinks of alcohol in a row at least once in the last month.

Denominator:

The number of high school students in the survey times 100.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The YRBS is the source for these data.

SIGNIFICANCE

Alcohol is the most commonly used drug in NYS with approximately one million adult and 100,000 youth drinkers in the state. Alcohol use is also associated with high rates of injury and contributes to lack of inhibition and irresponsible sexual activity, which in turn may contribute to higher rates of unintended pregnancy, sexually transmitted diseases and HIV transmission.

SP # 9

PERFORMANCE MEASURE:

Percent of High School Students Who Smoked Cigarettes in the Last Month

STATUS:

Active

GOAL

To reduce smoking among adolescents.

DEFINITION

The rate of current smoking among high school students.

Numerator:

The number of high school students that reported smoking at least one cigarette during the last month.

Denominator:

The number of students in the survey times 100.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The New York State Youth Tobacco Survey is the source for these data.

SIGNIFICANCE

Tobacco is an addictive substance. Tobacco causes more disease and death in NYS than any other pathogen. In 1993, 31,600 New Yorkers died of tobacco-associated conditions, accounting for 19% of all deaths. The direct medical costs related to smoking in NYS is believed to be over \$3 billion annually. Tobacco causes 30% of all cancer deaths, 82% of all deaths due to pulmonary disease, and 21% of deaths due to chronic cardiac disease. More than 1,500 fire deaths and 4,600 injuries in the US are attributable to cigarettes. In NYS in 1992 alone, cigarettes caused 33% of fatal fires, taking 733 lives. NYS surveys indicate teen smoking, after falling steadily for a number of years, is on the rise in NYS. Most (89%) adult smokers initiated their habit while young, under the age of 18. 71% of adult smokers reported that they began smoking daily before age 18.

SP # 10

PERFORMANCE MEASURE:

Percent of children in the birth year cohort who were screened for high blood lead before the age of two.

STATUS:

Active

GOAL

To identify all children that have been exposed to high levels of lead.

DEFINITION

Numerator:

Number of children in the birth year cohort who have been screened at least once for high blood lead levels before the age of two.

Denominator:

Number of children times 100.

Units: 100 **Text:** Per 100 children in th birth cohort.

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

NYS Heavymetals and Childhood Lead Registry, the data base for the NYS Childhood Lead Poisoning Prevention Program, is the source for these data. The NYSDOH Bureau of Biometrics provides population estimates.

SIGNIFICANCE

NYS is committed to screening for lead in children one and two years of age in order to identify all children with high lead levels. High lead levels are associated with learning disabilities and severe physical consequences, including death.

SP # <u>11</u>	
PERFORMANCE MEASURE:	Percent of High School Students who watched 3 or more hours of TV on an average school day.
STATUS:	Active
GOAL	To decrease the amount of time high school students watch TV.
DEFINITION	<p>Number of high school students who indicate they watch 3 or more hours of TV.</p> <p>Numerator: Number of high school students who indicate they watch 3 or more hours of TV.</p> <p>Denominator: Number of high school students</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	22-11 Increase the proportion of children and adolescents who view television 2 or fewer hours per d
DATA SOURCES AND DATA ISSUES	Youth Risk Behavior Survey.
SIGNIFICANCE	Children who watch more than 2 hours per day of television are at an increase risk for obesity in both childhood and into adulthood.

SP # <u>12</u>	
PERFORMANCE MEASURE:	Percent of Women that felt down, depressed or hopeless always or often after their baby was born.
STATUS:	Active
GOAL	To reduce symptoms of depression in postpartum women.
DEFINITION	<p>x</p> <p>Numerator: Number of women participating in the PRAMS survey that always or often felt down, depressed or hopeless after their baby was born.</p> <p>Denominator: Women responding to the PRAMs survey.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Pregnancy Risk Assessment Monitoring System
SIGNIFICANCE	Postpartum women are at an increased risk for depression but their symptoms can be controlled through treatment.

SO # 1

OUTCOME MEASURE:

Maternal Mortality Rate per 100,000 Live Births

STATUS:

Active

GOAL

To reduce the number of maternal deaths

DEFINITION

Deaths from causes related to pregnancy

Numerator:

Number of deaths occurring to women from causes related to pregnancy (ICD 9: 630 through 676)

Denominator:

Number of Live Births

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

Reduce the maternal mortality rate to no more than 3.3 per 100,000 live births

DATA SOURCES AND DATA ISSUES

Source: Vital Records Issues: Maternal death as cause of death are under reported. More aggressive case ascertainment results in what appear to be higher rates.

SIGNIFICANCE

Due to general improvement in social and economic conditions and medical practices, maternal deaths have become more rare and are thought to be mostly preventable.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: NY

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	67.3	57.9	62.0	54.9	54.9
Numerator	8,381	7,236	7,567	6,569	6,569
Denominator	1,246,045	1,249,101	1,220,468	1,196,688	1,196,688

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008, and 2007 data have been updated and finalized. 2008 data are not yet complete due to reporting delays, but are expected to be finalized in late 2009.

- Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

revised 4/2009

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>76.5</u>	<u>76.9</u>	<u>72.7</u>	<u>77.6</u>	<u>77.6</u>
Numerator	<u>110,535</u>	<u>111,874</u>	<u>108,995</u>	<u>117,580</u>	<u>117,580</u>
Denominator	<u>144,460</u>	<u>145,432</u>	<u>149,958</u>	<u>151,439</u>	<u>151,439</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008, and 2007 data have been updated and finalized. 2008 data are not expected to be finalized until 2010, due to reporting delays.

- Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	79	84	84	88	88
Numerator					
Denominator					

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008. 2008 data are not expected to be finalized until 2010, due to reporting delays.

Data are for the percent of children aged 15 months who recieved 5+ well child visits

2. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Data are for the percent of children aged 15 months who recieved 5+ well child visits

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

		Annual Indicator Data				
	2004	2005	2006	2007	2008	
Annual Indicator	<u>66.4</u>	<u>66.5</u>	<u>65.9</u>	<u>63.5</u>	<u>63.5</u>	
Numerator	<u>132,863</u>	<u>130,854</u>	<u>131,416</u>	<u>126,795</u>	<u>126,795</u>	
Denominator	<u>200,115</u>	<u>196,825</u>	<u>199,342</u>	<u>199,659</u>	<u>199,659</u>	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2.The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Provisional	

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008, and 2007 data have been updated and finalized. It is not known when 2008 data will be finalized, as NYC implemented a new electronic birth certificate data collection system in 2008, and programming for integration of the new system with the Upstate birth certificate files has not yet been completed. However, it is expected that final data should be available by mid-2010.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>93.4</u>	<u>94.6</u>	<u>94.4</u>	<u>90.0</u>	<u>90.0</u>
Numerator	<u>1,974,655</u>	<u>1,966,625</u>	<u>1,909,170</u>	<u>1,805,488</u>	<u>1,805,488</u>
Denominator	<u>2,113,319</u>	<u>2,079,460</u>	<u>2,021,928</u>	<u>2,006,098</u>	<u>2,006,098</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 data are being used as a proxy for 2008. Due to reporting delays, 2008 data will not be finalized until late 2009. The denominator represents all children currently enrolled in Medicaid.

2. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	<u>36.3</u>	<u>38.9</u>	<u>44.3</u>	<u>46.4</u>	<u>46.4</u>
Numerator	<u>140,454</u>	<u>144,365</u>	<u>159,486</u>	<u>166,217</u>	<u>166,217</u>
Denominator	<u>386,892</u>	<u>370,657</u>	<u>360,268</u>	<u>358,116</u>	<u>358,116</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008. Due to reporting delays, 2008 data will not be finalized until late 2009. The denominator represents all children age 6-9 enrolled in Medicaid in 2008.

- Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

All SSI beneficiaries receive Medicaid which is a more generous package than that available under the Physically Handicapped Children's Program. In 2008, 2 percent of children enrolled in the CSHCN Program had SSI.

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

All SSI beneficiaries receive Medicaid which is a more generous package than that available under the Physically Handicapped Children's Program.

3. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

All SSI beneficiaries receive Medicaid which is a more generous package than that available under the Physically Handicapped Children's Program.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: NY

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2007	Payment source from birth certificate	<u>8.4</u>	<u>7.9</u>	<u>8.1</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Payment source from birth certificate	<u>6.6</u>	<u>5.1</u>	<u>5.5</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Payment source from birth certificate	<u>61.9</u>	<u>83.1</u>	<u>73.8</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Payment source from birth certificate	<u>51.3</u>	<u>71.6</u>	<u>63.5</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: NY

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>18</u>) (Age range <u> </u> to <u> </u>)	2008	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2008	<u>200</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: NY

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	<u>400</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2008	<u>200</u>

FORM NOTES FOR FORM 18

SCHIP eligibility for children up to 19 includes a variety of levels of co-pays based on the family income as a percentage FPL. These levels range from <160% FPL, for which there is no monthly premium, to 160-222% FPL, at \$9/child/month or a maximum of \$45/family/month up to 350-400% FPL with a premium of \$40/child/month with a family maximum of \$120/month. Any family with >400% FPL must pay the full premium per child per month.

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2010
Field Note:
2008 data were not yet available at the time of submission, and it is not known when 2008 data will be finalized, as NYC implemented a new electronic birth certificate data collection system in 2008, and programming for integration of the new system with the Upstate birth certificate files has not yet been completed. However, it is expected that final data should be available by mid-2010.
2. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2010
Field Note:
Medicaid and non-Medicaid infant death rates are based on infant deaths among residents of NYS excluding NYC. It is not known when 2008 data will be finalized, as NYC implemented a new electronic birth certificate data collection system in 2008, and programming for integration of the new system with the Upstate birth certificate files has not yet been completed. However, it is expected that final data should be available by mid-2010.
3. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2010
Field Note:
It is not known when 2008 data will be finalized, as NYC implemented a new electronic birth certificate data collection system in 2008, and programming for integration of the new system with the Upstate birth certificate files has not yet been completed. However, it is expected that final data should be available by mid-2010.
4. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2010
Field Note:
It is not known when 2008 data will be finalized, as NYC implemented a new electronic birth certificate data collection system in 2008, and programming for integration of the new system with the Upstate birth certificate files has not yet been completed. However, it is expected that final data should be available by mid-2010.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NY

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	3	No
Annual linkage of birth certificates and newborn screening files	3	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NY

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other: NYS Youth Tobacco Survey	3	No

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: NY

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>8.2</u>	<u>8.3</u>	<u>8.3</u>	<u>8.1</u>	<u>8.1</u>
Numerator	<u>20,356</u>	<u>20,367</u>	<u>20,760</u>	<u>20,560</u>	<u>20,560</u>
Denominator	<u>248,876</u>	<u>245,378</u>	<u>249,207</u>	<u>252,662</u>	<u>252,662</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008. It is not known when 2008 data will be finalized, as NYC implemented a new electronic birth certificate data collection system in 2008, and programming for integration of the new system with the Upstate birth certificate files has not yet been completed. However, it is expected that final data should be available by mid-2010.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data				
		2004	2005	2006	2007	2008
Annual Indicator		<u>6.2</u>	<u>6.4</u>	<u>6.4</u>	<u>6.2</u>	<u>6.2</u>
Numerator		<u>14,754</u>	<u>15,020</u>	<u>15,253</u>	<u>14,994</u>	<u>14,994</u>
Denominator		<u>239,013</u>	<u>236,138</u>	<u>239,709</u>	<u>242,655</u>	<u>242,655</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Final	

Field Level Notes1. **Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 data are being used as a proxy for 2008. It is not known when 2008 data will be finalized, as NYC implemented a new electronic birth certificate data collection system in 2008, and programming for integration of the new system with the Upstate birth certificate files has not yet been completed. However, it is expected that final data should be available by mid-2010.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.6</u>	<u>1.5</u>	<u>1.5</u>	<u>1.5</u>	<u>1.5</u>
Numerator	<u>3,962</u>	<u>3,765</u>	<u>3,849</u>	<u>3,716</u>	<u>3,716</u>
Denominator	<u>248,876</u>	<u>245,378</u>	<u>249,207</u>	<u>252,662</u>	<u>252,662</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes1. **Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 data are being used as a proxy for 2008. It is not known when 2008 data will be finalized, as NYC implemented a new electronic birth certificate data collection system in 2008, and programming for integration of the new system with the Upstate birth certificate files has not yet been completed. However, it is expected that final data should be available by mid-2010.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.2</u>	<u>1.2</u>	<u>1.2</u>	<u>1.1</u>	<u>1.1</u>
Numerator	<u>2,804</u>	<u>2,751</u>	<u>2,767</u>	<u>2,720</u>	<u>2,720</u>
Denominator	<u>239,013</u>	<u>236,138</u>	<u>239,709</u>	<u>242,655</u>	<u>242,655</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes1. **Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 data are being used as a proxy for 2008. It is not known when 2008 data will be finalized, as NYC implemented a new electronic birth certificate data collection system in 2008, and programming for integration of the new system with the Upstate birth certificate files has not yet been completed. However, it is expected that final data should be available by mid-2010.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	4.6	3.7	4.0	4.7	4.7
Numerator	174	138	148	168	168
Denominator	3,790,880	3,744,186	3,698,463	3,597,289	3,597,289

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2008
Field Note:
2007 data are being used as a proxy for 2008.
- Section Number:** Form20_Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2007
Field Note:
.
- Section Number:** Form20_Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2006
Field Note:
revised 4/2009

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>2.2</u>	<u>1.3</u>	<u>1.4</u>	<u>1.3</u>	<u>1.3</u>
Numerator	<u>85</u>	<u>49</u>	<u>50</u>	<u>48</u>	<u>48</u>
Denominator	<u>3,790,880</u>	<u>3,744,186</u>	<u>3,698,463</u>	<u>3,597,289</u>	<u>3,597,289</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008.

The number of MV related deaths is based on the definition used by the NYS Department of Health, Bureau of Biometrics and Health Statistics

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

The number of MV related deaths is based on the definition used by the NYS Department of Health, Bureau of Biometrics and Health Statistics

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

revised 4/2009

The number of MV related deaths is based on the definition used by the NYS Department of Health, Bureau of Biometrics and Health Statistics.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	13.0	14.0	9.6	11.2	11.2
Numerator	338	366	360	313	313
Denominator	2,606,675	2,620,399	3,754,978	2,790,818	2,790,818

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2007.

2. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

The number of MV related deaths is based on the definition used by the NYS Department of Health, Bureau of Biometrics and Health Statistics.

3. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

revised 4/2009

The number of MV related deaths is based on the definition used by the NYS Department of Health, Bureau of Biometrics and Health Statistics.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>284.1</u>	<u>268.9</u>	<u>260.4</u>	<u>270.3</u>	<u>270.3</u>
Numerator	<u>10,771</u>	<u>10,069</u>	<u>9,632</u>	<u>9,722</u>	<u>9,722</u>
Denominator	<u>3,790,880</u>	<u>3,744,186</u>	<u>3,698,463</u>	<u>3,597,289</u>	<u>3,597,289</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008.

2. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2006

Field Note:

revised 4/2009

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>32.5</u>	<u>26.9</u>	<u>30.1</u>	<u>29.0</u>	<u>29.0</u>
Numerator	<u>1,231</u>	<u>1,020</u>	<u>1,114</u>	<u>1,044</u>	<u>1,044</u>
Denominator	<u>3,790,880</u>	<u>3,790,880</u>	<u>3,698,463</u>	<u>3,597,289</u>	<u>3,597,289</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:
Year: 2008
Field Note:
 2007 data are being used as a proxy for 2008.
 Non-fatal MV related injuries include pedestrians and cyclists
- Section Number:** Form20_Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:
Year: 2007
Field Note:
 Non-fatal MV related injuries include pedestrians and cyclists.
- Section Number:** Form20_Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:
Year: 2006
Field Note:
 revised 4/2009
 Non-fatal MV related injuries include pedestrians and cyclists.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	120.3	118.2	121.8	122.1	122.1
Numerator	3,135	3,097	3,355	3,407	3,407
Denominator	2,606,675	2,620,399	2,754,978	2,790,818	2,790,818

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #04C
Field Name: HSI04C
Row Name:
Column Name:
Year: 2008
Field Note:
 2007 data are being used as a proxy for 2008.
 Non-fatal MV related injuries include pedestrians and cyclists
- Section Number:** Form20_Health Status Indicator #04C
Field Name: HSI04C
Row Name:
Column Name:
Year: 2007
Field Note:
 Non-fatal MV related injuries include pedestrians and cyclists
- Section Number:** Form20_Health Status Indicator #04C
Field Name: HSI04C
Row Name:
Column Name:
Year: 2006
Field Note:
 revised 4/2009
 Non-fatal MV related injuries include pedestrians and cyclists.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	25.7	25.6	25.6	29.8	29.8
Numerator	16,279	16,449	17,351	20,378	20,378
Denominator	633,458	643,315	677,708	683,829	683,829

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data are being used as a proxy for 2008.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>7.7</u>	<u>8.0</u>	<u>11.4</u>	<u>10.0</u>	<u>10.0</u>
Numerator	<u>26,824</u>	<u>27,515</u>	<u>38,939</u>	<u>34,020</u>	<u>34,020</u>
Denominator	<u>3,485,833</u>	<u>3,441,631</u>	<u>3,418,040</u>	<u>3,395,372</u>	<u>3,395,372</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

None

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NY

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	246,824	167,554	59,084	1,282	18,904	0	0	0
Children 1 through 4	949,864	662,295	210,192	3,673	73,704	0	0	0
Children 5 through 9	1,157,034	825,892	242,918	7,248	80,976	0	0	0
Children 10 through 14	1,243,567	883,184	266,651	10,470	83,262	0	0	0
Children 15 through 19	1,396,874	1,000,658	297,558	11,605	87,053	0	0	0
Children 20 through 24	1,393,944	1,002,961	281,638	11,714	97,631	0	0	0
Children 0 through 24	6,388,107	4,542,544	1,358,041	45,992	441,530	0	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	188,255	58,569	0
Children 1 through 4	734,361	215,503	0
Children 5 through 9	921,450	235,584	0
Children 10 through 14	1,001,470	242,097	0
Children 15 through 19	1,141,587	255,287	0
Children 20 through 24	1,131,538	262,406	0
Children 0 through 24	5,118,661	1,269,446	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NY

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	193	86	87	1	2	0	0	17
Women 15 through 17	5,277	2,892	1,938	25	48	0	0	374
Women 18 through 19	12,322	7,166	4,086	50	203	0	0	817
Women 20 through 34	184,961	119,680	37,740	349	18,487	0	0	8,705
Women 35 or older	49,881	34,720	8,592	66	4,892	0	0	1,611
Women of all ages	252,634	164,544	52,443	491	23,632	0	0	11,524

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	107	86	0
Women 15 through 17	2,908	2,361	8
Women 18 through 19	7,677	4,619	26
Women 20 through 34	139,217	45,167	577
Women 35 or older	41,620	8,090	171
Women of all ages	191,529	60,323	782

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NY

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	1,382	786	457	5	51	7	0	76
Children 1 through 4	207	130	56	0	11	1	0	9
Children 5 through 9	137	87	40	0	6	0	0	4
Children 10 through 14	162	111	41	0	4	2	0	4
Children 15 through 19	538	335	162	1	15	2	0	23
Children 20 through 24	853	558	224	4	34	2	0	31
Children 0 through 24	3,279	2,007	980	10	121	14	0	147

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	1,108	270	4
Children 1 through 4	167	40	0
Children 5 through 9	109	28	0
Children 10 through 14	133	29	0
Children 15 through 19	447	89	2
Children 20 through 24	706	147	0
Children 0 through 24	2,670	603	6

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NY

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	4,994,163	3,539,583	1,076,403	34,278	343,899	0	0	0	2007
Percent in household headed by single parent	33.9	22.1	63.5	54.3	13.9	0.0	41.6	55.9	2007
Percent in TANF (Grant) families	3.1	0.0	0.0	0.0	0.0	0.0	0.0	3.1	2008
Number enrolled in Medicaid	2,006,098	0	0	0	0	0	0	2,006,098	2007
Number enrolled in SCHIP	381,303	0	0	0	0	0	0	381,303	2008
Number living in foster home care	28,574	0	0	0	0	0	0	28,574	2007
Number enrolled in food stamp program	754,462	0	0	0	0	0	0	754,462	2007
Number enrolled in WIC	292,187	131,983	112,813	3,656	36,186	0	7,549	0	2007
Rate (per 100,000) of juvenile crime arrests	2,469.2	0.0	0.0	0.0	0.0	0.0	0.0	2,469.2	2007
Percentage of high school drop-outs (grade 9 through 12)	3.1	0.0	0.0	0.0	0.0	0.0	0.0	3.1	2007

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	3,987,123	1,007,040	0	2007
Percent in household headed by single parent	0.0	51.5	0.0	2007
Percent in TANF (Grant) families	0.0	0.0	3.1	2008
Number enrolled in Medicaid	0	0	2,021,928	2006
Number enrolled in SCHIP	0	0	381,303	2008
Number living in foster home care	0	0	28,574	2007
Number enrolled in food stamp program	0	0	754,462	2007
Number enrolled in WIC	292,187	177,164	0	2007
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	2,469.2	2007
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	3.1	2007

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NY

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? Yes Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	4,794,878
Living in urban areas	479,878
Living in rural areas	416,373
Living in frontier areas	0
Total - all children 0 through 19	896,251

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NY

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	19,021,000.0
Percent Below: 50% of poverty	6.3
100% of poverty	14.5
200% of poverty	31.9

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NY

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	4,929,000.0
Percent Below: 50% of poverty	9.6
100% of poverty	20.2
200% of poverty	40.9

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2010
Field Note:
Source: NCHS population estimates - "Bridged Race Vintage 2007"
2. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2010
Field Note:
Source: US Census Bureau, 2007 American Community Survey
3. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2010
Field Note:
This rate is based on children through age 18 since TANF includes children up to age 18.
Source: US HHS, Office of Family Assistance, 2008 TANF Case Load Report. (145,467 children in TANF Family)
4. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2010
Field Note:
Source: NYS Department of Health, Office of Medicaid Management, FFY 2007-2008 Report.
5. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2010
Field Note:
Data represents SCHIP enrollment for March 2009.
6. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2010
Field Note:
Source: NYS Office of Temporary and Disability Assistance, Welfare Management System
7. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2010
Field Note:
NYS Pediatric Nutrition Surveillance System, 2007
8. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2010
Field Note:
Data includes 39,924 arrests in 2007 for violent and property index crimes in NYS among youth ages 16-21. The rate is based on a population figure of 1,616,862 youth ages 16-21.
Source: NYS Division of Criminal Justice Services, Computerized Criminal History System
9. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2010
Field Note:
Dropout rates are for Public School students for the 2006/2007 school year.
10. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2010
Field Note:
Source: NYS Office of Children and Family Services, Child Care Review Service